

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/595,442</td> </tr> <tr> <td>Filing Date</td> <td>April 20, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Desarzens et al.</td> </tr> <tr> <td>Title</td> <td>PRECISION SPINDLE INSTRUMENT HOLDER FOR...</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>PRE-SA-0154</td> </tr> </table>	Application Number	10/595,442	Filing Date	April 20, 2006	First Named Inventor	Desarzens et al.	Title	PRECISION SPINDLE INSTRUMENT HOLDER FOR...	Art Unit		Examiner Name		Attorney Docket Number	PRE-SA-0154
Application Number	10/595,442														
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First Named Inventor	Desarzens et al.														
Title	PRECISION SPINDLE INSTRUMENT HOLDER FOR...														
Art Unit															
Examiner Name															
Attorney Docket Number	PRE-SA-0154														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

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Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature	Date	October 1, 2009	
Name	Michael F. Scalise	Telephone	716-759-5810
Title and Company	Director, Intellectual Property Management		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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